

REPORT TO THE TRUST BOARD PUBLIC

14 DECEMBER 2017

Title	Strategic Activity Update
Author	Peter Sheils, Senior Programme Manager; Mason Fitzgerald, Director of Corporate Affairs
Accountable Executive Director	Mason Fitzgerald, Director of Corporate Affairs

Purpose of the Report:

The aim of this report is to provide the Trust Board with an update on key areas of the trust's strategic decision-making, planning and management.

Summary of Key Issues:

This report includes the following:

- Update on the national context
- Sustainability & Transformation Partnership update
- Update on the Big Conversation and the Operational Plan 2017-19

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	<input checked="" type="checkbox"/>	The Trust's strategic and operational plans are structured around the three strategic priorities, and therefore include actions to support each one.
Improving staff satisfaction	<input checked="" type="checkbox"/>	
Maintaining financial viability	<input checked="" type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
15/11/2017	Service Delivery Board

Implications:

Equality Analysis	The contents of this report have no direct implications or impact, positive or negative, upon any of the protected characteristics.
Risk and Assurance	The contents of this report do not directly impact upon existing strategic risks but do support the achievement of all three strategic objectives.
Service User/Carer/ Staff	The content of this report has no implications for service users, carers or staff.
Financial	The content of this report has no financial implications.
Quality	The content of this report has no implications for quality or the work of the Quality Improvement Programme.

1.0 Background/Introduction

- 1.1 The Trust operates in an increasingly more complex and diverse health and social care economy which is continually changing and developing the landscape of health and social care commissioning and service provision.
- 1.2 This report includes horizon scanning, which involves the systematic examination of potential threats, opportunities and likely future developments in order to assess the trust's readiness to respond to threats and opportunities and to ensure it remains both resilient and opportunistic.
- 1.3 The external drivers for change place increasing demands upon the Trust's capacity for strategic decision making, planning and management. The pace and volume of change is increasing and it is therefore important that senior decision-makers within the Trust are kept abreast of strategic developments, both internally and externally. This report aims to fulfil this requirement.
- 1.4 The Trust is part of two Sustainability and Transformation Plans (STP) footprints, i.e. North East London, and Bedfordshire, Luton & Milton Keynes. The footprints are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and local other health and care services who together have developed Sustainability and Transformation Plans (STPs) for accelerating the implementation of the Five Year Forward View (5YFV).
- 1.5 The main purpose of STPs is to set out how each local area will, by 2021:
 - Close the health and wellbeing gap.
 - Close the care and quality gap.
 - Close the financial and efficiency gap.
- 1.6 As part of its commitment to the STPs, the Trust is required to develop and submit a two year operational plan, aligned to each of the STPs. This is referred to as the Operational Plan 2017-19.

2.0 Update on the National Context: Emerging Themes, Policies and Initiatives

2.1 Public Health: Everyone's Business?

As part of its 'Provider Voices' series, NHS Providers has published a report entitled 'Public Health: Everyone's Business?' This report uses 12 interviews with NHS Trust leaders, from the hospital, mental health and ambulance sectors, as well as academics, system leaders, local government representatives, and those with strategic responsibility for delivery and commissioning, to help gain a better understanding of NHS Providers' role in shaping and delivering public health and care.

- 2.1.1 What their words show is that there is a proliferation of ideas and perspectives. Some interviewees are population health advocates; others see the structured focus on the individual as key, while some promote prevention every step of the way. What links these interviews, however, is a shared understanding that a focus on public health has never been more important, nor more challenging.

2.2 Rising Pressure: the NHS Workforce Challenge

The Health Foundation recently published its report containing a workforce profile and trends of the NHS in England. In 'Rising Pressure: the NHS Workforce Challenge', analysis of the NHS staff profile in 2017 shows that the trends of concern identified in 2016 have largely continued in a negative direction. Highlights from the analysis show the following:

- 2.2.1 The number of FTE nurses employed in the NHS in England fell between April 2016 and April 2017. There were 469 fewer nurses and health visitors in April 2017 compared to a year before, despite rising activity pressures. The fall in the number of nurses has been most notable in community nursing and mental health – two areas identified as critical to the success of the Five year forward view. Staffing challenges in priority areas are likely to persist, with a recent HEE report showing that 11% of nursing posts in mental health are vacant.
- 2.2.2 The report has flagged that, by most indicators, workforce trends are going in a negative direction in the NHS in England. With projections of continued growth in demand for services, there is no evidence of recent substantial staffing growth in the main professions, with the exception of medical workforce numbers. And in primary care – a policy priority because of the growth in demand related to an ageing population – there are clear signs of real reductions in the availability of staff.
- 2.2.3 The findings of the report will be taken into account as part of the review of the Trust's workforce strategy.

2.3 Beyond Places of Safety

The Department of Health has launched a £15 million fund to better support people at risk of experiencing a mental health crisis. The Beyond Places of Safety scheme will improve support services for those needing urgent and emergency mental healthcare. This includes conditions such as psychosis, bipolar disorder, and personality disorders that could cause people to be a risk to themselves or others. The scheme will focus on preventing people from reaching crisis point in the first place helping to develop new approaches to support people who experience a mental health crisis.

- 2.3.1 This follows on from the Improving Places of Safety scheme run over 2015/16 and 2016/17 which aimed to improve health-based 'places of safety' for those experiencing a crisis, in order to ensure that fewer vulnerable people ended up in a police cell following detention under the Mental Health Act. The new scheme is entitled Beyond Places of Safety to reflect the fact that its aims are broader than the previous scheme. As well as helping improve the provision of health-based Places of Safety for those detained under S135 and S136 of the Mental Health Act, applications can also be made to improve services for people who are vulnerable to or recovering from a mental health crisis.

2.4 NHS England Prevent Mental Health Guidance

The guidance is aimed at providers of NHS mental health services and contains information applicable to mental health professionals who work within them. It is designed to support providers and staff to exercise their statutory and professional duties to safeguard vulnerable adults, children and young people at risk of radicalisation.

It sets out expectations and considerations that providers and professionals should take into account when exercising these duties, and is structured into four key components:

1. Prevent responsibilities of mental health providers – outlining the safeguarding pathways that should be in place, the roles and responsibilities of key staff and training requirements for mental health professionals.
2. Prevent referrals from mental health providers – outlining the processes for referring to Prevent, making a referral including consent considerations, and working in partnership with police.
3. Role of mental health providers in the Prevent process – outlining expectations for mental health representation at Channel Panels, information sharing and considerations relating to detention under the Mental Health Act.
4. Referrals into mental health services from Prevent – outlining expectations to ensure timely access to services to those at risk of radicalisation with mental health needs and considerations for the prioritisation of cases.

2.4.1 The Trust's Safeguarding Committee is reviewing the guidance.

2.5 Mental Health Patient Safety Initiative

NHS Improvement has launched a national initiative for patient safety in mental health with the Care Quality Commission. It's designed to make shared learning and sustainable quality improvement integral parts of how mental health services are delivered.

2.5.1 All mental health providers will be involved in the initiative, which has an emphasis on shared learning and the embedding of sustainable quality improvement approaches as integral to the way mental health services are delivered across the sector. Providers' engagement will be crucial; leaders are encouraged to share the patient safety challenges they encounter and the solutions they have developed in response to these challenges.

2.5.2 CQC inspection findings relating to the 'safety' and 'well led' domains, together with intelligence from regional NHS Improvement teams and CQC heads of inspection, will be used to identify trusts that may benefit from additional support in some key patient safety areas. Where Trusts have been identified as benefiting from additional support, the Secretary of State has requested briefings on the key challenges faced, the improvement initiatives in place, and the support being offered.

2.5.3 The Trust's Quality Committee will oversee the Trust's involvement in this initiative.

2.6 Changes to the MHA set out in the Policing and Crime Act

Amendments to sections 135 and 136 of the Mental Health Act 1983 as enacted in the Policing and Crime Act 2017 come into effect on 11th December 2017 and relate to police powers of detention under the Mental Health Act. The amendments carry important implications for the NHS, policing and local authority partners, who need to work together to prepare adequately for their commencement.

2.6.1 Sections 80-83 of the Policing and Crime Act 2017 amend s135/6 MHA in the following ways, with the four highlighted changes having the most significant implications for the NHS:

- Section 136 powers may be exercised anywhere other than in a private dwelling
- It is unlawful to use a police station as a place of safety for anyone under the age of 18 in any circumstances
- A police station can only be used as a place of safety for adults in specific circumstances, which are set out in regulations
- The previous maximum detention period of up to 72 hours will be reduced to 24 hours (unless a doctor certifies that an extension of up to 12 hours is necessary)
- Before exercising a section 136 power police officers must, where practicable, consult a health professional
- Where a section 135 warrant has been executed, a person may be kept at their home for the purposes of an assessment rather than being removed to another place of safety (in line with what is already possible under section 136);
- A new search power will allow police officers to search persons subject to section 135 or 136 powers for protective purposes

2.6.2 The Quality Committee has overseen preparation for these changes, and briefings have been issued to staff.

2.7 Multi-professional Framework for Advanced Clinical Practice in England
Health Education England (HEE), in partnership with NHS Improvement and NHS England, has launched a new national framework that sets out a vision for the further development of Advanced Clinical Practitioners (ACPs). It includes, for the first time, a national definition and standards for the multi-professional advanced level of practice.

2.7.1 ACPs enhance capacity and capability within multi-professional teams by supporting existing and more established roles. They also help to improve clinical continuity, provide more patient-focused care, and help to provide safe, accessible and high-quality care for patients. HEE expects the new resource to facilitate transformation of the workforce by promoting team working, across traditional professional boundaries and support the delivery of excellent healthcare for local people by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

2.7.2 The framework provides national definition and framework of what Advanced Clinical Practice is and what the requirements for entry are. It will make sure that there is national consistency across the role and that advanced clinical practitioners, healthcare staff, employers and patients clearly understand the role. It will also provide current and future ACPs with guidance and principles that they should follow throughout their professional lives.

2.7.3 The framework is being considered as part of the development of the workforce strategy.

3.0 Update on Sustainability and Transformation Partnerships (STPs)

3.1 East London Health & Care Partnership (North East London STP)

- 3.1.1 The seven north east London CCG Boards have recruited a single Accountable Officer. Jane Milligan (currently Tower Hamlets CCG Chief Officer) will take up the role from December 2017, and will continue as the executive lead for the East London Health & Care Partnership (ELHCP). The local arrangements that will sit beneath the single Accountable Officer at CCG level are currently being worked through, along with the new governance structures that will support the new arrangements.
- 3.1.2 ELHCP mental health workstream: ELHCP partners held an initial workshop on 23 October 2017 to consider Healthy London Partnership proposals for re-configuring health based places of safety across London, including in East London. Trust clinicians and service users were in attendance. Further work is now being carried out to understand more fully the impact of the options.
- 3.1.3 City & Hackney: Partners are continuing to develop a shadow Accountable Care System, with integrated commissioning arrangements in place, a commissioner and provider partnership board, and four strategic workstreams: unplanned care, planned care, children & young people, and prevention. Unplanned and planned care workstreams are established, with Trust representation, and the children & young people workstream is about to launch. City & Hackney partners are developing a “Neighbourhood Care Team” model, with eight neighbourhoods identified around general practice, covering populations of 22,000 – 50,000. The Trust will be an essential partner to the developing model.
- 3.1.4 Newham: Newham provider partners, including the Trust, Newham Health Collaborative, Barts Health, and the London Borough of Newham are in the process of developing a partnership and a Memorandum of Understanding to underpin collaborative working. Newham Health Collaborative and Newham CCG have agreed to work with the National Association of Primary Care to take forward the Primary Care Home model in Newham, which the Trust will be an essential partner to.
- 3.1.5 Tower Hamlets: Tower Hamlets Together is currently reviewing its governance arrangements to reflect some of the emergent principles of accountable care, with the ambition that a revised approach will be in place from early 2018. Tower Hamlets Together has featured in the media over the past month, including an article in the Guardian newspaper on the Rapid Response/Discharge to Assess service provided by the trust at the Royal London Hospital.

3.2 Bedford, Luton and Milton Keynes STP (BLMK)

- 3.2.1 The BLMK Chief Officers Group has approved a number of Transformation Fund bids, for a wide range of projects. A mental health bid (focussing on crisis cafes as part of the crisis pathway) is due to be considered in November 2017.
- 3.2.2 Bedfordshire: The Community Health Services tender outcome will support further development of integrated out of hospital services across the CCG area.

3.2.3 Luton: Luton provider partners, including the Trust, the 4 Luton GP clusters, Cambridgeshire Community Services, Luton & Dunstable Foundation Trust and Luton Council are in the process of developing a partnership and a Memorandum of Understanding to underpin collaborative working. It is likely that an initial area of focus for joint working will be the BLMK STP priority of reducing emergency admissions from care homes, along with developing primary care home pilots.

4.0 Update on the Big Conversation and the Operational Plan 2017-19

4.1 Feedback received from the 'Big Conversation' exercise was discussed at a Board Development Event on 30 November. Further work is being done to refine the Trust's draft vision, mission and strategic objectives. Further consultation will also be done with the Council of Governors and other stakeholders.

4.2 Guidance will shortly be issued for directorates regarding the operational planning process for 2018/19, which will incorporate the changing mission. Work is also underway to review the indicators and outcomes we measure.

4.3 The Trust is continuing negotiations with commissioners regarding funding and service changes for 2018-19. A verbal update will be provided at the meeting, including compliance with the Mental Health Investment Standard.

5.0 Action being requested

5.1 The Trust Board is asked to **RECEIVE** and **DISCUSS** the report.